

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES**

Re: Petricia Armstrong, L.P.N.
License No.: 009482

Petition No. 990408-011-008

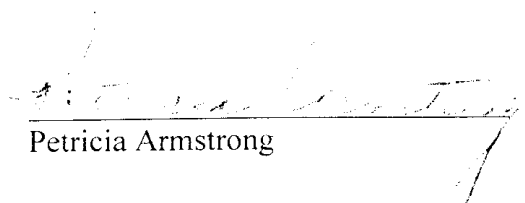
VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Petricia Armstrong, being duly sworn, deposes and says:

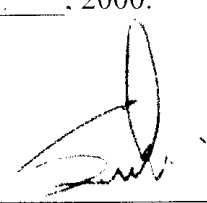
1. I am over the age of majority and understand the obligation of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice licensed practical nursing. I presently hold license number 009482.
4. I hereby voluntarily surrender my license to practice licensed practical nursing in the State of Connecticut.
5. I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in the Statement of Charges, Petition Number 990408-011-008 shall be deemed true. I further understand that any such application must be made to the Department which shall have absolute discretion, after seeking the advice of the Connecticut Board of Examiners for Nursing (hereinafter "the Board"), as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions. No reinstatement shall become effective until the Department seeks the advice of the Board.
6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
7. I understand and agree that this affidavit and the case file in Petition Number 990408-011-008 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I understand that, upon execution of this document by the Department, the Department will present this document to the Board and will move to withdraw the Statement of Charges in Petition No. 990408-011-008. I understand that this document is not effective unless and

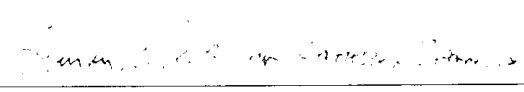
until the Department has executed it, and the Board either grants the Department's Motion to Withdraw or the charges are dismissed.

9. I understand that I have the right to consult with an attorney prior to signing this affidavit.


Petricia Armstrong

Subscribed and sworn to before me this 12th day of June, 2000.


Notary Public
Commissioner of the Superior Court

Accepted: 
Kathleen Zarrella, Director
Division of Health Systems Regulation

June 12, 2000
Date